

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JAN 16 2017
Bayfield Co. Zoning Dept.

Permit #: 17-00000
Date: 2-15-17
Amount Paid: \$75 1-19-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

| | | | |
|---|---|---|---|
| Owner's Name: <u>JD the Galligan</u> | Mailing Address: <u>25285 STATE HWY 118</u> | City/State/Zip: <u>ASHLAND WI 54806</u> | Telephone: <u>715-309-0518</u> |
| Address of Property: <u>25285 STATE HWY 118</u> | City/State/Zip: <u>ASHLAND WI 54806</u> | Cell Phone: <u>715-309-0518</u> | |
| Contractor: <u>Built ourselves</u> | Contractor Phone: <u></u> | Plumber: <u></u> | Plumber Phone: <u></u> |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>John Kelly</u> | Agent Phone: <u>715-309-0518</u> | Agent Mailing Address (include City/State/Zip): <u>Same as above</u> | Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| PROJECT LOCATION <u>NE 1/4, DW 1/4</u> | Legal Description: (Use Tax Statement) <u></u> | Tax ID# (4-5 digits) <u>20951</u> | Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u></u> R. <u></u> |
| <u>NE 1/4, DW 1/4</u> | Gov't Lot <u></u> | Lot(s) <u></u> | CSM <u></u> |
| <u>Section 6, Township 46 N, Range 5 W</u> | Vol & Page <u></u> | Lot(s) No. <u></u> | Block(s) No. <u></u> |
| <u></u> | Town of: <u>Kelly</u> | Lot Size <u></u> | Subdivision: <u></u> |
| <u></u> | <u></u> | Acreage <u>62 1/2</u> | <u></u> |

| | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue → | Distance Structure is from Shoreline: <u>120' on E side</u> feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue → | Distance Structure is from Shoreline: <u>200' on E side</u> feet | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
|--|---|---|--|---|--|---|
| <u>\$ 25000.00</u> <u>USEB B.O.</u> | <input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input checked="" type="checkbox"/> Run a Business on Property <input type="checkbox"/> <u>Foundation</u> | <input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation | <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> <u></u> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic Tank</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None | <input type="checkbox"/> City <input checked="" type="checkbox"/> Well |

| | | | |
|---|-----------------|-------------------|--------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: <u>USEB Grain Bin</u> | Length: <u></u> | Width: <u>25'</u> | Height: <u>30'</u> |

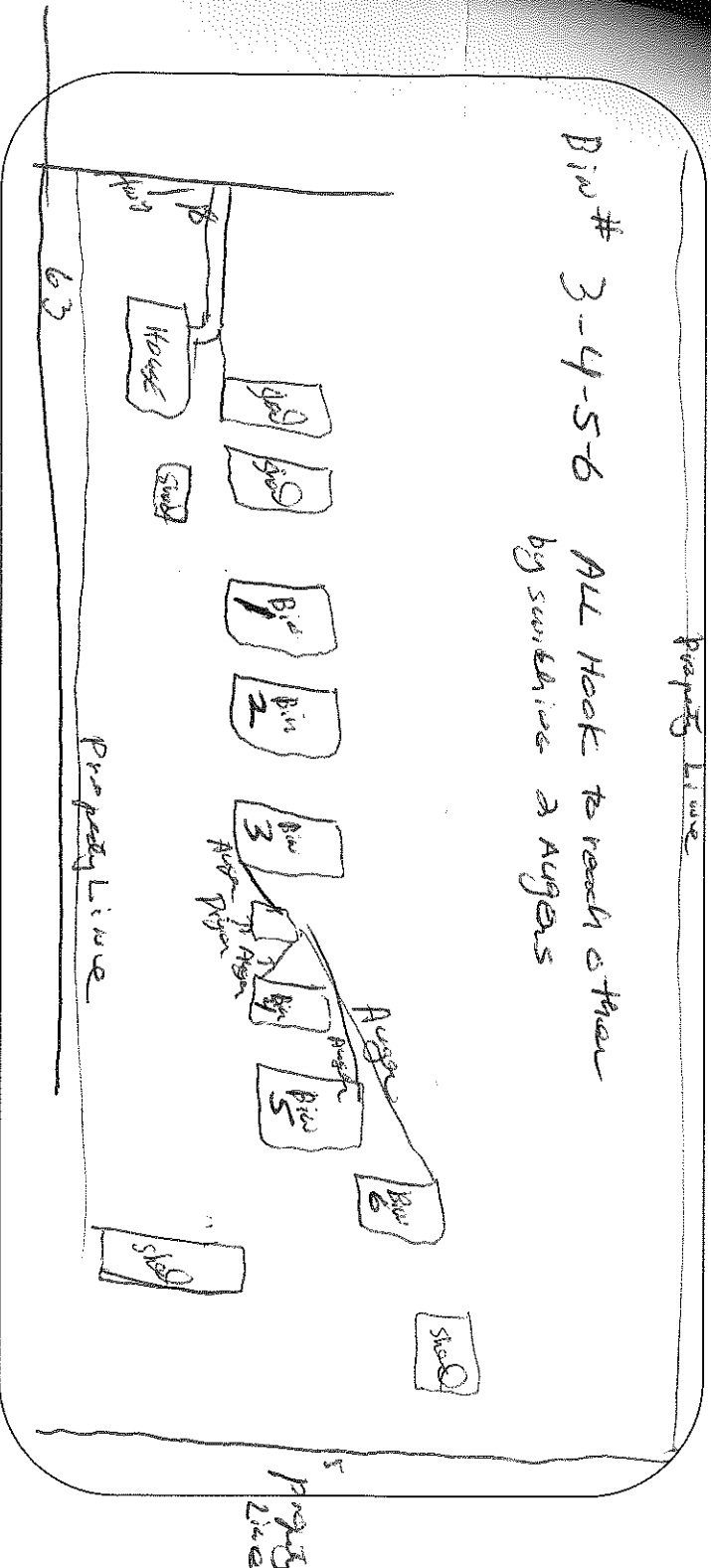
| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|--|--|--|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with a Deck <input checked="" type="checkbox"/> with (2nd) Deck <input type="checkbox"/> with Attached Garage | (<u></u>) (<u></u>) (<u></u>) (<u></u>) (<u></u>) (<u></u>) (<u></u>) (<u></u>) | <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> |
| <input type="checkbox"/> Commercial Use | <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <u></u> <input type="checkbox"/> Addition/Alteration (specify) <u>Grain Bin</u> <input type="checkbox"/> Accessory Building (specify) <u></u> <input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>Grain Bin</u> | (<u></u>) (<u></u>) (<u></u>) (<u></u>) (<u></u>) (<u></u>) (<u></u>) (<u></u>) | <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> Addition/Alteration (specify) <u>Grain Bin</u> <input type="checkbox"/> Accessory Building (specify) <u></u> <input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>Grain Bin</u> | (<u></u>) (<u></u>) (<u></u>) (<u></u>) | <u></u> <u></u> <u></u> <u></u> |
| <input type="checkbox"/> Special Use: (explain) <u></u> | <input type="checkbox"/> Conditional Use: (explain) <u></u> | (<u></u>) (<u></u>) | <u></u> <u></u> |
| <input type="checkbox"/> Other: (explain) <u></u> | <input type="checkbox"/> Other: (explain) <u></u> | (<u></u>) (<u></u>) | <u></u> <u></u> |

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John Kelly Date 1-14-17
(If there are Multiple Owners listed on the Deed All Owners must sign & letter(s) of authorization must accompany this application)
Authorized Agent: John Kelly Date 1-14-17
(If you are signing on behalf of the owner(s) & letter of authorization must accompany this application)
Address to send permit 25285 STATE HWY 118 ASHLAND WI 54806 Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch Your Property (regardless of what you are applying for)

- Proposed Construction
- Show Location of:
(*) North (N) of Plot Plan
 - Show / Indicate:
(*) Driveway and (*) Frontage Road (Name Frontage Road)
 - Show Location of (*):
All Existing Structures on your Property
 - Show:
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - Show any (*):
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - Show any (*):
(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | 100 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 100 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 100 Feet | 20% Slope Area on property | Feet |
| Setback from the East Lot Line | 100 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 300 Feet | Setback to Well | 300 Feet |
| Setback to Privy (Portable, Composting) | 100 Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|--|--|---|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 17-0086 | | Permit Date: 2-15-17 | | |
| Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming | | <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No | <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No |
| Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Was Parcel Legally Created Was Proposed Building Site Delineated | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner Was Property Surveyed | |
| Inspection Record: Bin Already Built - ASP for bin only charge for bins not considered + keep for as cheap as possible | | Affidavit Required Affidavit Attached | | |
| Date of Inspection: 2-13-17 | | Inspected by: [Signature] | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.) | | Zoning District Lakes Classification (AG1) | | |

Not for human habitation

| | | | | |
|---|--|--|---|--------------------------|
| Signature of Inspector: [Signature] | Date of Approval: 2-14-17 | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:
- Proposed Construction
- North (N) on Plot Plan
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (*) Wetlands; or (*) Slopes over 20%
- (*) Show any (*):
- (*) Show any (*):

See map

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-----------------------|--|-------------|
| Setback from the Centerline of Platted Road | Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North lot line | 480' 700' 33 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South lot line | 1516' 344m/123 Feet | Setback from Wetland | Feet |
| Setback from the West lot line | 648' 1/2 mile 23 Feet | 20% Slope Area on property | Yes No |
| Setback from the East lot line | 600' 1/2 mile 23 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 320' 23 Feet | Setback to Well | 350' Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

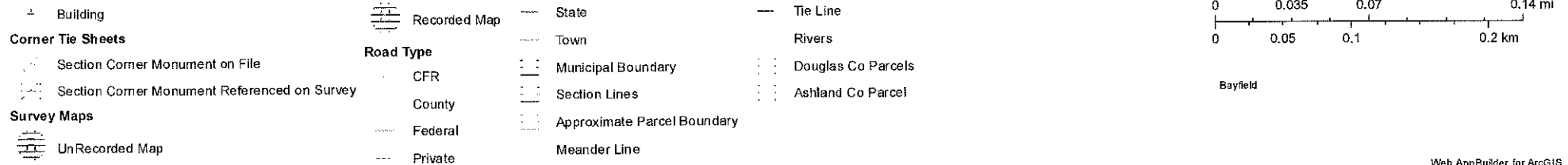
The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|--|---|--|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | Reason for Denial: | | | |
| Permit #: 17-00021 | Permit Date: 2-15-17 | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) | Case #: | | Case #: | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Inspection Record: | Bin Alirety Bin 11 - ASDR PAB - ONLY Change for BIN not | | | |
| Date of Inspection: 2-13-17 | Inspected by: [Signature] | Zoning District | (AS1) | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached) | | Lakes Classification | () | |
| Not a human habitation | | | | |
| Signature of Inspector: [Signature] | Date of Approval: 2-14-17 | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

Galligan ATF Grain Bins



January 19, 2017



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
JAN 16 2017
Bayfield Co. Zoning Dept.

Permit #: 17-0008
Date: 2-15-17
Amount Paid: \$75
Refund: \$75 1-19-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: JD the Celligan
Address of Property: 25385 STATE HWY 118
City/State/Zip: Ashland WI 54806
Contractor: Chase LLC
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: 715-309-5188
Agent Mailing Address (include City/State/Zip): Same as above
Tax ID #: (4-5 digits)
Recorded Deed (i.e. # assigned by Registrar of Deeds) Document #: R-
PROJECT LOCATION: NE 1/4, NW 1/4
Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision:
Section 6, Township 46 N, Range 5 W, Town of: Kelly
☐ Shoreland ☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue
☐ Non-Shoreland

| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
|--|--|---|---|---|---|---|
| \$ 2500 6-2009 9-2012 B.R. | <input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input checked="" type="checkbox"/> Run a Business on Property <input type="checkbox"/> Foundation | <input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement | <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None | <input type="checkbox"/> City <input checked="" type="checkbox"/> Well |

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height: Proposed Construction: User Bld Length: Width: Height:

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|--------------------|-------------|----------------|
| <input type="checkbox"/> Principal Structure (first structure on property) | | () X) | |
| <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc) | | () X) | |
| <input type="checkbox"/> with Loft | | () X) | |
| <input type="checkbox"/> with a Porch | | () X) | |
| <input type="checkbox"/> with (2nd) Porch | | () X) | |
| <input type="checkbox"/> with a Deck | | () X) | |
| <input type="checkbox"/> with (2nd) Deck | | () X) | |
| <input type="checkbox"/> with Attached Garage | | () X) | |
| <input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | | () X) | |
| <input type="checkbox"/> Mobile Home (manufactured dte) | | () X) | |
| <input type="checkbox"/> Addition/Alteration (specify) | Grow Bld | () X) | |
| <input checked="" type="checkbox"/> Accessory Building (specify) | Gar Bld | (25' x 20') | |
| <input type="checkbox"/> Accessory Building Addition/Alteration (specify) | | () X) | |
| <input type="checkbox"/> Special Use: (explain) | | () X) | |
| <input type="checkbox"/> Conditional Use: (explain) | | () X) | |
| <input type="checkbox"/> Other: (explain) | | () X) | |

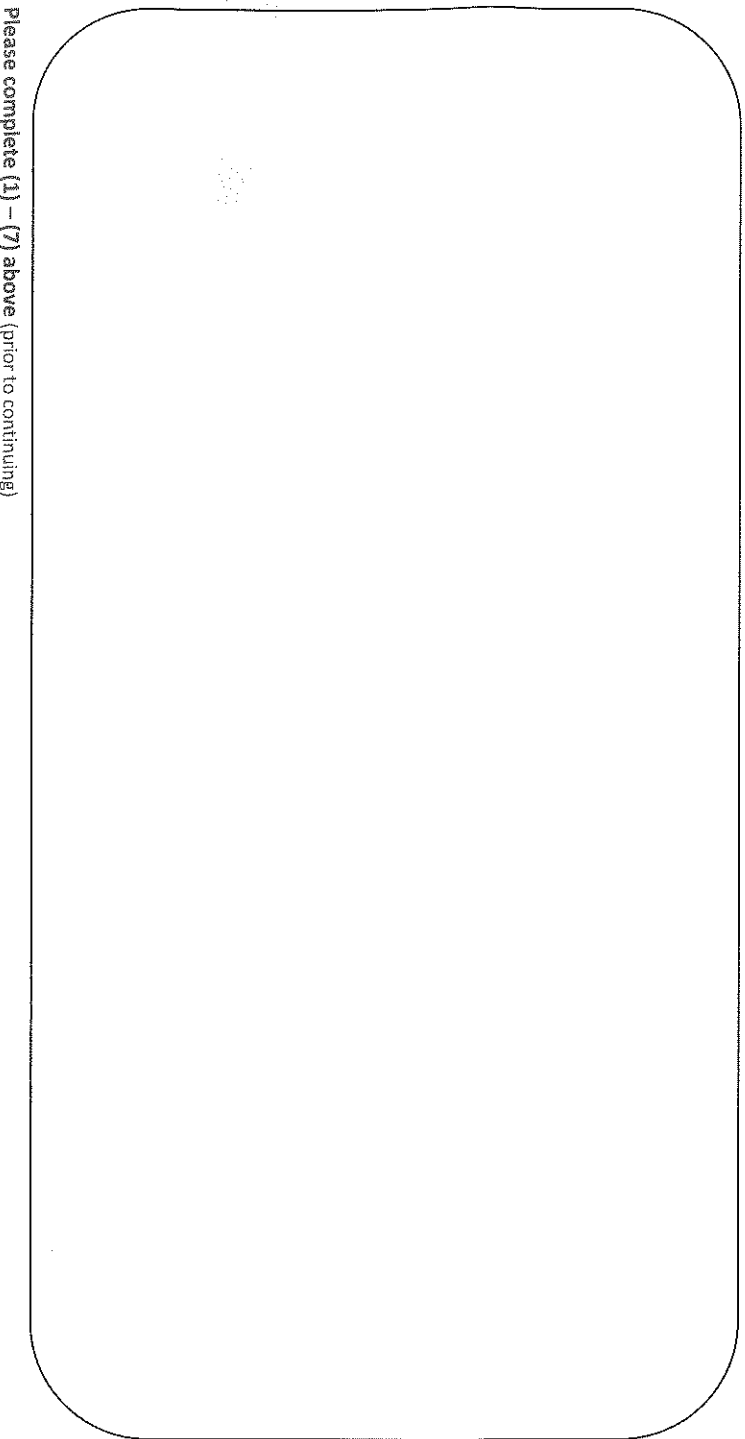
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign all letters) of authorization must accompany this application)
Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: 25385 STATE HWY 118 Ashland WI 54806
Date: 1-14-17
Attach Copy of Tax Statement

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|--------------|--|-------------|
| Setback from the Centerline of Platted Road | Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River Stream, Creek | Feet |
| Setback from the North lot line | 541 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South lot line | 1400 Feet | Setback from Wetland | Feet |
| Setback from the West lot line | 695 Feet | 20% Slope Area on property | Yes No |
| Setback from the East lot line | 660 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 320' 23 Feet | Setback to Well | 350' Feet |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | | |
|--|---|---|---|---|---|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: | | | |
| Permit Denied (Date): | | Reason for Denial: | | | | | |
| Permit #: 17-0022 | | Permit Date: 2/18/17 | | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (Deed of Record) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (Fused/Contiguous Lots) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Were Property Lines Represented by Owner | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Was Property Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Inspection Record: | | Inspected by: ASPR Rob - only change for | | | | | |
| Date of Inspection: 2-13-17 | | BWS not consulted + keep car as close as possible | | | | | |
| Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.) | | Not for human habitation | | | | | |
| Signature of Inspector: | | Date of Approval: | | | | | |
| Hold For Sanitary: <input type="checkbox"/> | | Hold For TBA: <input type="checkbox"/> | | Hold For Affidavit: <input type="checkbox"/> | | Hold For Fees: <input type="checkbox"/> | |

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Galligan ATF Grain Bins



January 19, 2017

Building

Corner Tie Sheets

Section Corner Monument on File

Section Corner Monument Referenced on Survey

Survey Maps

UnRecorded Map

Road Type

CFR

County

Federal

Private

Recorded Map

State

Town

Municipal Boundary

Section Lines

Approximate Parcel Boundary

Meander Line

Tie Line

Rivers

Douglas Co Parcels

Ashland Co Parcel

